

# Stow Affordable Housing Deed Restriction Program

## Applicant Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address of dwelling under consideration: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Date of application: \_\_\_\_\_

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## Criteria

Owner meets financial qualifications for affordable housing:	Yes	No
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Land or dwelling is owned within a Trust:	Yes	No
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Owner wants to remain in the home:	Yes	No
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Owner is a municipal employee:	Yes	No
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Site is constrained (flood plain, etc.):	Yes	No
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Dwelling currently is/will be for sale:	Yes	No
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Number of bedrooms in dwelling: \_\_\_\_\_

Length of residency in Stow: \_\_\_\_\_

Location of dwelling relative to other affordable units: \_\_\_\_\_

Heating method: \_\_\_\_\_

Square footage: \_\_\_\_\_

Additional comments:

